

FILED DEC 22 1950

STANDARD CERTIFICATE OF DEATH

41842

State File No. 6008 Registrar's No. 414

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO.		Registrar's No. 414	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if not) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY OR TOWN <u>Rural Prairie</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD #1 Moberly Mo</u>				d. STREET ADDRESS <u>RFD #1 Moberly Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>WYATT TAYLOR EDWARDS</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Dec-11-1950</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec-29-1892</u>	
9. AGE (in years last birthday) <u>57</u>		10. MONTHS <u>11</u>		11. DAYS <u>12</u>		12. IF UNDER 18 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during current of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Woodlawn Virginia</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Wesley Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Edwards</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. J. Edwards Moberly Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Cornel</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anteriorly located occlusion</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>15 min</u> <u>4201</u> <u>3 wks.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 17</u> , 19 <u>50</u> , to <u>Dec 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 9</u> , 19 <u>50</u> , and that death occurred at <u>11:54 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clarence C. Coburn Jr.</u>				23b. ADDRESS <u>200 W. 1st, Moberly Mo.</u>		23c. DATE SIGNED <u>Dec 11 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 14-50</u>		REGISTRAR'S SIGNATURE <u>Leola Holloman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howe Funeral Home</u>		ADDRESS <u>Moberly Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0880

FILED 8 1950

Date Received: DEC 18 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 12-50-21  
Date Filed: DEC 19 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed.....

*R M Carter*

Licensed Embalmer No.....

4117

P. O. Address.....

*Moherly Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.